

MANSFIELD MIDDLE SCHOOL

Release of Information/Records

Written Exchange

I give permission for **Mansfield Middle School** to:

→ () release to:

→ (☒) receive from:

Name, address & phone/fax of doctor/school/institution/individual:

any requested information/records concerning my child:

→ _____ Date of Birth: _____
(name of child)

Verbal Exchange

In order to encourage a cooperative team approach towards evaluation and intervention of behalf of my child, I also give permission for the verbal exchange of relevant information between **Mansfield Middle School** And the above named institution or individual. I understand that I can revoke this permission at any time.

The following information applies. Please check:

Basic Information _____	Child Development _____
Achievement _____	Speech and Hearing _____
Ability _____	Special Education _____
Attendance _____	Psychological Assessments _____
Health _____	Reports from individuals and agencies outside the school system _____
Guidance _____	Other _____

Note: I understand that this confidential information will be released on the condition that no unauthorized party will be allowed access to it without the consent of this parent/guardian.

→ _____ Date signed: _____
(Signature of Parent/Guardian)

MANSFIELD MIDDLE SCHOOL
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